

OFFICE OF THE
Board Of Health
13 EAST CENTRAL ST.
NATICK, MASSACHUETTS 01760
TELEPHONE 508-647-6460 * FAX 508-647-6466

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

Date: _____

Name of Establishment _____

Location Address _____

Mailing Address _____

Name & Title of Applicant _____

Address of Applicant: _____

Name of Owner (if different from applicant) _____

Telephone # of Establishment _____

If a corporation or partnership, give name, title & home address of officers or partners.

Name

Title

Home Address

State of Incorporation:_____

Name & Address of Local Agent_____

_____Telephone:_____

Emergency Response Person:_____Telephone:_____

Type of Establishment	Fee	Duration of Permit	Fee
Retail Food <input type="checkbox"/>	_____	Annual <input type="checkbox"/>	_____
Food Service <input type="checkbox"/>	_____	Seasonal <input type="checkbox"/>	_____
Caterer <input type="checkbox"/>	_____	Temporary <input type="checkbox"/>	_____
Mobile Food <input type="checkbox"/>	_____		
Residential <input type="checkbox"/>	_____		
Incidental <input type="checkbox"/>	_____		
		<u>Total</u>	_____

OVER

Dates of Operation if not Annual _____

Applications for **mobile food units or pushcarts** must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.

Additional Information

Water Source _____ Sewage Disposal _____

Days & Hours of Operation _____

If Restaurant

Number of Seats _____ Number of Non-Smoking Seats _____

Person Trained in Anti-Choking Procedures (If 25 Seats or More) Yes _____ No _____

Signature of Applicant _____

Pursuant to M.G.L. Ch 62C. sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security # or Federal ID#

Signature of Individual or Corporate Name

Signature of Corporate Officer (if applicable)

Please make checks payable to the ***Town of Natick*** and return to
The Board of Health, 13 East Central St., Natick, MA 01760